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KNOBBE MAR' 2040 MAIN STRE FOURTEENTH F	1 he Stat add tran	I hereby certify that this Feedy (Transmits) to being deposited with the United States Postal Service with sulficient postage for first class mail in an envelope addressed to the Mail Stop 18SUE BE address above, or being facsimile transmitted to the USPT0 (271) 273-2885, on the date indicated below.						
IRVINE, CA 9261	4						(Depositor's name)	
						(Signature)		
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/532,118 11/15/2006			Kimmo Puhakka		EIP39.003APC 3934			
TITLE OF INVENTION: F	ORMATION OF CON	TACTS ON SEMICON	DUCTOR SUBSTRATES	3				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	06/24/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	1				
LUU, CHUONG A 2892			438-098000	•				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.569).      Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached.      Tree Address' indication (or 'Fee Address' Indication form PTOSB/12; Rev 0.3-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati (2) the name of a sing registered attorney or 2 registered patent atto	rining on the patent front page, list against our to 3 registered patent attorneys to OR, alternatively, amen of a single firm (having as a member a ed attorney or agend) and the names of up to so name will be princed, gents. If no none is 3.				
(A) NAME OF ASSIGN	s an assignee is identif n 37 CFR 3.11. Comple IEE		data will appear on the p T a substitute for filing an (B) RESIDENCE: (CIT)	atent. If an assign assignment. and STATE OR			ocument has been filed fo	
Please check the appropriat	e assignee category or c	ategories (will not be pr	rinted on the patent):	Individual 🖾 C	orporatio	on or other private gre	oup entity 🚨 Governmen	
4a. The following fee(s) are	small entity discount pe		Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by realized and Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11.4140. — (enclose as extra copy of this form).					
5. Change in Entity Status  a. Applicant claims S	MALL ENTITY status	. See 37 CFR 1.27.	☐ b. Applicant is no lor	ger claiming SMA	LL ENT	TTY status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature	g -	Shelly		Date	6/	24/10		
Typed or printed name	James P. Sk			Registration l		59,458		
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion Box 1450. Alexandria, Virs	on is required by 37 CF lity is governed by 35 U pplication form to the s for reducing this burd rinis 22313-1450. DO	R 1.311. The information J.S.C. 122 and 37 CFR USPTO. Time will vary len, should be sent to the NOT SEND FEES OR	on is required to obtain or 1.14. This collection is es depending upon the indi- e Chief Information Offic COMPLETED FORMS T	retain a benefit by timated to take 12 widual case. Any c er, U.S. Patent and O THIS ADDRES	the publi minutes omments Tradem	to which is to file (and to complete, including on the amount of the ark Office, U.S. Dep of TO: Commissioner	d by the USPTO to process ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450	

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